

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization
California Chiropractic Association PAC

Employer identification number
94-2869141

Mailing address (P.O. Box or number, street, and room or suite number)
455 Capitol Mall, Ste 801

68-0457823

City or town, state, and ZIP code
Sacramento, CA 95814

3 E-mail address of organization
mail@BMHLAW.COM

4a Name of custodian of records
Thomas W. Hiltachk

4b Custodian's address
455 Capitol Mall, Ste 801
Sacramento, CA 95814

5a Name of contact person
Thomas W. Hiltachk

5b Contact person's address
...same as above...

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

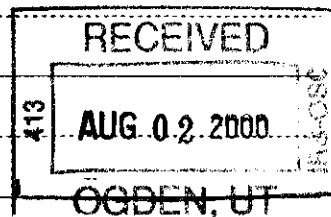
Part II Purpose

7 Describe the purpose of the organization

Support state and local candidates.....

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
California Chiropractic Association		



ENVELOPE
POSTMARK DATE JUL 31 2000

FILMED

AUG 04 2000

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NE

List of All Officers, Directors, and Highly Compensated Employees (see instructions)

9a Name	9b Title	9c Address
Robert D. Argyelan, DC	Chairperson	565 N. Magnolia Ave
		El Cajon, CA 92020-3608
R. Lloyd Friesen, DC	Vice Chairperson	101 Hodencamp Rd. #100
		Thousand Oaks, CA 91360-5831
Fred Dehn, DC	Trustee, Region 1	1817 Maryal Dr. #300
		Sacramento, CA 95864-1547
Chester Graham, DC	Trustee, Region 2	3900 Pelandale Ave., #125
		Modesto, CA 95356-9100
James Peterson, DC	Trustee, Region 3	1105 E Foster Rd #F
		Santa Maria, CA 93455-2009
Edward R. Cooper, DC	Trustee, Region 4	855 N. Larkview Ave
		West Covina, CA 91791
Tracy Cole, DC	Trustee, Region 5	1059 9th Street
		Crescent City, CA 95531-2921

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true and complete.

Signature of authorized official

Date

**Sign
Here**